| Effective October 1, 2003 10 681 974           |  |   |                                       |                 |                                |                             |                          |            |                          |                   |                         |     |                            |                          |     |
|--|--|---|---------------------------------------|-----------------|--------------------------------|-----------------------------|--------------------------|------------|--------------------------|-------------------|-------------------------|-----|----------------------------|--------------------------|-----|
| CLAIMS AS FILED - PART I (Column 1) (Column 2) |  |   |                                       |                 |                                |                             |                          |            |                          | SMALL ENTITY TYPE |                         |     | OTHER THAN<br>SMALL ENTITY |                          |     |
| TOTAL CLAIMS                                   |  |   |                                       | 17              |                                | •                           |                          |            | RAT                      | ΕÌ                | FEE                     |     | RATE                       | FEE                      |     |
| FOR  |  |   |                                       | NUMBER FILED    |                                | NUMBER EXTRA                |                          |            | BASIC                    | FEE               | 385.00                  | OR  | Basic Fee                  | 770.00                   |     |
| TOTAL CHARGEABLE CLAIMS                        |  |   |                                       | 21 min          | )s 20=                         | • 1                         |                          |            | X\$ 9                    | <b>-</b>          |                         | OR  | X\$18•                     | 18.00                    |     |
| INDEPENDENT CLAIMS                             |  |   |                                       | 2 mis           | rus 3 =                        | . 0                         |                          | ٠          | X43                      |                   |                         | OR  | X86=                       |                          |     |
| MU   | LTIPLE DEPEN   | DENT  | CLAIM PF                              | LESENT          |                                | E E                         |                          |            | +145                     |                   |                         | OR  | +290=                      | 290.00                   | 5   |
| -11  | * If the difference in column 1 is less than zero, enter "0" in column 2 |   |                                       |                 |                                |                             |                          |            |                          |                   |                         | OR  | TOTAL                      | 1078.00                  |     |
|  | CLAIMS AS AMENDED - PART II  |   |                                       |                 |                                |                             |                          |            |                          |                   | ENTITY                  | OR  | OTHER                      |                          |     |
| AMENDMENTA                                     | 1/25/07  | (Column 1) CLAIMS REMAINING AFTER           |                                       |                 | (Cotur<br>NGH<br>NUM<br>PREVIO | EST<br>SEA<br>SUSLY         | (Column 3) PRESENT EXTRA |            | RATI                     |                   | ADDI-<br>TIONAL         |     | RATE                       | ADDI-<br>TIONAL<br>- FEE | .   |
|  | Total  |   | HOWENT.                               | Minus           | FAID                           | FOR                         |                          |            | X\$ 9                    | -                 | FEE                     | OR  | X\$18=                     |                          | 1   |
|  | Independent  |   |                                       | while Vi        |                                | <u>e_</u>                   |                          |            | X43:                     |                   | •                       | OR  | X86=                       |                          | 1   |
| N.   | FIRST PRESENTATION OF MILETIPLE DEPENDENT CLAIM.                         |   |                                       |                 |                                |                             |                          |            | +145                     | _                 |                         | OR  | +290=                      |                          | 1   |
|  |  |   |                                       |                 |                                |                             |                          |            |                          |                   | •                       | OR  | YOYAL<br>ADDIT, FEE        |                          | 1   |
| (Column 1) (Column 2) (Column 3)               |  |   |                                       |                 |                                |                             |                          |            |                          |                   |                         |     |                            |                          | 1   |
| AMENDMENT B                                    |  | REA   | LAIMS<br>MAINING<br>IFTER<br>NOMENT   | •               |                                | EST<br>BER<br>OUSLY         | PRESENT<br>EXTRA         |            | RATI                     | E                 | ADDI-<br>TIONAL'<br>FEE |     | RATE                       | ADDI-<br>TIONAL<br>FEE   | ]   |
|  | Total  | •   | 15                                    | Minus           | • á                            | S( .                        | » /                      | ].         | X\$ 9                    | H.                | /                       | OR  | X\$18=                     | <u> </u>                 |     |
|  | Independent  | •   | /                                     | Minus           | •••                            | 3                           | <u> - /-</u>             | 1          | X43                      | 3                 |                         | OR  | .X86∍                      | )                        |     |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                           |   |                                       |                 |                                |                             |                          |            | +145                     | =                 |                         | OR  | +290-                      | /:                       | 1   |
| ٨  | 1/2/2  |   |                                       |                 |                                |                             |                          |            |                          |                   |                         | OR  | ADOIT, FEE                 |                          | ]   |
| Fo   | 4/10/4   | (Co   | lumn 1)_                              | • •             |                                | mn 2)                       | Column 3                 | <u>ر</u> . | •                        | . '               | <u> </u>                | _   |                            |                          | _   |
| AMENDMENTC                                     |  | CLAIMS -<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | . •             | PREVI                          | (EST<br>BER<br>OUSLY<br>FOR | PRESENT<br>EXTRA         |            | RATE                     |                   | ADDI-<br>TIQNAL<br>FEE  |     | RATE                       | TIONAL<br>FEE            | -   |
|  | Total  | • )   | 3                                     | Minus .         | -2                             | 1                           | • \                      | ]          | X\$ 9                    | )=                |                         | OR  | X\$18=                     | \_                       | 1   |
|  | Independent  | ·   |                                       | Minus           | 4                              | 3                           |                          |            | X43                      | 3                 | . \                     | OR  | X86=                       | \.                       | ]   |
| <u>  [</u>                                     | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                           |   |                                       |                 |                                |                             |                          |            |                          |                   |                         | ОЯ  | +290=                      |                          | 1   |
| •  | If the entry in cotu   | ei l'om                                     | less than t                           | he entry in con | inn 2, with                    | e "O" in co                 | duma 3;                  | a.=        |                          | TAL               |                         | OR  | TOTAL<br>ADDIT. FEE        |                          | 4   |
|  | II the "Highest Nu<br>"II the "Highest Nu<br>The "Highest Nur            | n   |                                       | and Carr IN TH  | ic coace                       | ie loce m                   | 30 3 CMID4 3 .           |            | ACIDIT. I<br>Dund britto |                   | propriate bo            | • \ |                            | ,                        | 1   |
|  | THE PRINCE IN  | ine ti                                      | · · · · · · · · · · · · · · · · · · · |                 |                                |                             | •                        |            |                          |                   |                         |     |                            |                          | \لـ |

Application or Docket Number